

The Office of Rural Health Policy

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Health Resources and Services Administration

Office of Rural Health Policy

- ORHP enjoys its partnership with NOSORH and NASEMSO in its mission to serving Rural America.
- Our Office currently provides \$1,013,699 in FY 2007 funds to two Outreach and four Network Development grantees with EMS activities.

- Brief update of the Office's activities regarding EMS
- Specifically, with regard to the Medicare Rural Hospital Flexibility Program (Flex Program) and its EMS component

The Medicare Rural Hospital Flexibility Program (Flex Program):

- Is an ideal mechanism for improving and sustaining access to appropriate healthcare services of high quality in rural America
- Supports the conversion of small rural hospitals to critical access status
- Helps develop rural health care networks

- Strengthens and integrates rural Emergency Medical Services (EMS)
- It also facilitates the development of model community-based rural collaborative systems of care in all grantee states.

EMS

- States have increasingly used their Flex resources for EMS.
- These activities have included
 - personnel training programs,
 - needs assessments,
 - building healthcare networks involving EMS,
 - and providing support for ongoing EMS performance improvement activities.

- Performance improvement, for CAHs, EMS providers and the other health care providers involved in the Flex Program, has been a significant goal.
- These efforts have included:
 - using a balanced scorecard approach for grantees and hospitals
 - participation in national quality improvement efforts
 - development of relationships with state Quality Improvement Organizations and
 - development of networks supporting quality and performance improvement efforts.

➤ **KEY COMPONENTS**

Objectives are required in the following areas:

- **Development/Update of the State Rural Health Plan**
- **Performance Improvement/Quality Improvement**
- **Supporting Hospitals**
- **Evaluation and**
- **Integration of EMS services**

EMS objectives are limited to the following areas:

- Trauma and EMS systems (State, regional or community)
- Assessment;
 - Employment of HRSA's Benchmarks, Indicators, and Scoring (BIS) approach
 - Facilitated Trauma System Development
- Trauma center designation of CAHs
 - Conduct State strategic planning and systems development to address weaknesses identified by the BIS assessment;
 - Other weaknesses

- Support CAH Trauma Team Development
 - Rural Trauma Team Development (RTTD) courses
 - Comprehensive Advanced Life Support (CALIS) courses
- Improve EMS Medical Direction
- Training courses for Medical Directors

- Implement mechanisms to support EMS agencies in efforts of recruitment/retention, reimbursement and restructuring.
 - **Recruitment & Retention**
 - Implement evidence-based recruitment and retention programs
 - **Reimbursement**
 - Training in comprehensive EMS agency budget processes
 - Participation of EMS agencies in group buying and billing programs
 - **Restructuring**
 - Facilitation of BIS processes for EMS at the local and regional level.
 - Rural EMS Manager leadership and management training.
 - Development of Systems and Pilot programs to better utilize pre-hospital care personnel in meeting the health care needs of rural communities in cooperation with state EMS offices.

➤ If you are interested in more specific information regarding EMS activities funded by the ORHP under FLEX “The Flex Monitoring Team” prepared an excellent briefing paper that can be found at:

http://www.flexmonitoring.org/documents/BriefingPaper8_EMS.pdf

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